

1. DEPARTMENT/COURT INFORMATION:

Division/Unit: Regulatory Planning/GP2020

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>2</u>	<u>269</u>	<u>\$4,721</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	2	Total Hours	269	Total Value	\$4,720.95
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3. **DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE =	\$0.00
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4. **VOLUNTEER PROGRAM COSTS:**

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours	60	X	Rate	\$42.82	\$2,569.20
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	3	X	Rate	\$37.89	\$113.67
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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$2,682.87

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d **\$4,720.95**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$2,682.87**

TOTAL PROGRAM BENEFIT:

\$2,038.08

6. RECRUITING:

Please describe your recruiting programs:

n/a

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

n/a

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

n/a

9. GENERAL INFORMATION:

Name of person completing report: **Traci Mitchell**

Phone: 858-694-2975 Mail Stop: O-650 E-Mail: raci.mitchell@sdcounty.ca.gov

Volunteer Coordinator: Traci Mitchell

Phone: same Mail Stop: same E-Mail: same

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

7/21/05
DATE

1. CYCLOID SCALE

2. CTENOID SCALE

3. GANOID SCALE

4. OSTEOID SCALE